

# MODEL DUE PROCESS COMPLAINT NOTICE

**IMPORTANT:** This form is designed to assist parties in requesting a due process hearing. This request must be in writing and may include supporting documents. A request may also be submitted in some other written format at the discretion of the parent(s) or the public education agency (PEA). **The party filing a due process complaint must provide the complaint to the other party and forward a copy to the Arizona Department of Education/Exceptional Student Services/Dispute Resolution Unit who will contact you regarding your due process hearing request.**

This request is being initiated by the ☐ Parent ☐ Public Education Agency (PEA)

Date of Complaint: \_\_\_\_\_

## PLEASE TYPE OR PRINT

### REQUIRED INFORMATION

Complainant Name (Parent or PEA): \_\_\_\_\_

Complainant Address: \_\_\_\_\_

Preferred method of contact: Home number ☐ Work number ☐ Cell ☐ Mail ☐ **OR**

Email address \_\_\_\_\_

Complainant Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

The best time(s) to call (i. e., normal working hours 8am to 5pm weekdays, evenings, weekends):

### REQUIRED - STUDENT INFORMATION

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Name of School/District complaint is regarding: \_\_\_\_\_

School/District Student is currently attending: \_\_\_\_\_

**STATEMENT OF REASON(S) FOR REQUEST AND PROPOSED RESOLUTION FOR EACH PROBLEM/COMPLAINT:**  
Federal law requires that you describe with specificity the nature of the problem(s)/complaint(s) and provide a proposed resolution to each identified problem(s)/complaint(s). Simply describing a problem as “*student denied A Free Appropriate Public Education (FAPE) for school year 2005-2006*” is **insufficient**. In the spaces below please identify specific problems(s)/complaint(s) and a proposed resolution for each to the extent known. Include facts, dates, references to specific IEP provisions, etc. Lack of specificity in identifying problem(s)/complaints(s) may result in the dismissal of this Due Process Hearing Request.

**Please keep it simple, clear and precise -  
attach additional sheets in the same format, if needed.**

**Problem/Complaint #1:** \_\_\_\_\_

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**Proposed Resolution #1:** \_\_\_\_\_

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**Problem/Complaint #2:** \_\_\_\_\_

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**Proposed Resolution #2:** \_\_\_\_\_

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**Problem/Complaint #3:** \_\_\_\_\_

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**Proposed Resolution #3:** \_\_\_\_\_

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Problem/Complaint #4: \_\_\_\_\_  
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 \_\_\_\_\_  
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Proposed Resolution #4: \_\_\_\_\_  
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 \_\_\_\_\_  
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**You have the right to receive a copy of the Procedural Safeguards Notice  
 from the school/district at the time you submit your complaint.**

**SIGNATURE OF PARTY REQUESTING DUE PROCESS HEARING**

Please Print Name	
Signature Required	Date

**NECESSITY OF INTERPRETER**

Person(s) needing interpreter services:

Language:


Additional questions concerning this form or due process rights may be addressed by contacting:

**Arizona Department of Education – Exceptional Student Services  
 Dispute Resolution Unit  
 1535 West Jefferson Street, BIN #62  
 Phoenix, Arizona 85007  
 Phone: 602-542-3084 Fax: 602-364-0641**

[www.ade.az.gov/ess/dispute](http://www.ade.az.gov/ess/dispute)